

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/534042** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1				51					
2		1		1				52					
3		1		1				53					
4		3		3				54					
5		2		2				55					
6		0		1				56					
7		0		1				57					
8		0		1				58					
9		0		1				59					
10		0		1				60					
11								61					
12								62					
13								63					
14								64					
15								65					
16								66					
17								67					
18								68					
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36								86					
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38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1		1		1			TOTAL IND.					
TOTAL DEP.	12	←	12	←	12	←		TOTAL DEP.		←	←	←	←
TOTAL CLAIMS	12		13					TOTAL CLAIMS					